

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

CITY OF SAN LEANDRO
Date Received
Official Use Only
APR 02 2013
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Souza

Diana

M.

1. Office, Agency, or Court

Agency Name

City of San Leandro

Division, Board, Department, District, if applicable

#3

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of San Leandro

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3-31-13

(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Diana Souza

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____ (Describe) _____☐ Other _____ (Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

☐ Real Property _____ Street address

☐ \$500 - \$1,000

City

☐ \$1,001 - \$10,000☐ Guarantor☐ \$10,001 - \$100,000☐ Other _____ (Describe) _____☐ OVER \$100,000

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Diana Souza</u>

► NAME OF SOURCE (Not an Acronym)
ACI
 ADDRESS (Business Address Acceptable)
610 Aladdin Ave San Leandro CA 94577
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
A's Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/6/12</u>	<u>\$170.00</u>	<u>A's game tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
California League of Cities
 ADDRESS (Business Address Acceptable)
1400 K Street Suite 400, Sac CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
League Leaders Board of Directors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/14/12</u>	<u>\$283.99</u>	<u>Lodging Dinner/Reception</u>
<u>11/15/12</u>	<u>\$351.98</u>	<u>Lodging Snack/Lunch/Dinner</u>
<u>11/16/12</u>	<u>\$38.58</u>	<u>Lunch</u>

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____